

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-021892

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 30

Primary Registration District No. 4038

Registrar's No. 32

FILED JUN 18 1962

VS 300
Rev. 4/59

10080

200802

3

4 0

5 1

6

7 0

8 2

9 420.1

10

11

12 90-2

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY

Benton

b. CITY (if outside corporate limits, give TOWNSHIP only)
OR TOWN

Warsaw

Length of stay in 1b

15 yrs

c. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR INSTITUTION

-

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Benton

admission)

c. CITY
OR TOWN

Warsaw

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

(if outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Louis R. Hughes

4. DATE
OF DEATH

Month

Day

Year

June 11 1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

Feb. 19, 1872

9. AGE (last birthday)

90

IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

3 22

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. Oil Co. President

10b. KIND OF BUSINESS OR INDUSTRY

Benton Co. Mo

11. BIRTHPLACE (City and state or country)

Benton Co. Mo

12. CITIZEN OF WHAT COUNTRY

U. S. A

13a. FATHER'S NAME

William F. Hughes

13b. MOTHER'S MAIDEN NAME

Fidelia Rank

14. NAME OF HUSBAND OR WIFE

Grace Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Grace Hughes

Address

Warsaw, Mo

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ACUTE CIRCULATORY FAILURE

INTERVAL BETWEEN
ONSET AND DEATH

10 MIN.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

CORONARY THROMBOSIS & MYOCARDIAL INFARCT.

20 MIN.

DUE TO (c)

ARTERIOSCLEROSIS

10 YRS.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., In or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from JUNE, 11, 1962 to JUNE, 11, 1962 and last saw him alive on JUNE, 11, 1962

Death occurred at 5:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Deceased or title)

Gussie L. [REDACTED]

22b. ADDRESS

WARSAW, MO.

22c. DATE SIGNED

6-12-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

June 14, 1962

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park

23d. LOCATION (City, town, or county)

Sedalia Pettis Co. Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

John J. Reser Warsaw

25. DATE RECD. BY LOCAL REG.

June 12, 1962

26. REGISTRAR'S SIGNATURE

Jas. A. Logan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

JUN 28 1962

JUL 3 1962

JUN 29 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John F. Rees

Licensed Embalmer No. 4098

P. O. Address Warsaw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.